
State:	Arkansas	Filing Company:	Arkansas Blue Cross and Blue Shield
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Special Amendment		
Project Name/Number:	Amendment/23-2622 R10/12		

Filing at a Glance

Company:	Arkansas Blue Cross and Blue Shield
Product Name:	Special Amendment
State:	Arkansas
TOI:	H10G Group Health - Dental
Sub-TOI:	H10G.000 Health - Dental
Filing Type:	Form
Date Submitted:	10/16/2012
SERFF Tr Num:	ARBB-128730565
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	23-2622 R10/12
Implementation	On Approval
Date Requested:	
Author(s):	Christi Kittler, Yvonne McNaughton, Frank Sewall, Rita Thatcher, Evelyn Laney
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	10/17/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

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General Information

Project Name: Amendment	Status of Filing in Domicile: Pending
Project Number: 23-2622 R10/12	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments: Arkansas is state of domicile.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 10/17/2012	
State Status Changed: 10/17/2012	Deemer Date:
Created By: Evelyn Laney	Submitted By: Evelyn Laney
Corresponding Filing Tracking Number:	

Filing Description:

Attached please find form 23-2622 10/11 for your review and approval if indicated.

This dental amendment was revised to include coverage for both the new spouse and any eligible dependents to be effective on the date of marriage. This amendment was created for the First Electric dental group.

Also enclosed is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d). Please also note, we have scored the rider as part of the benefit certificates with which it will be used as provided by Arkansas Code Annotated §23-80-206(e).

By way of this letter, I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19.

I certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 are incorporated in the benefit certificates to which this amendment will be attached.

I further certify that the consumer information notice required by Arkansas Code Annotated §23-79-138 is incorporated in the benefit certificates to which this amendment is attached.

Please feel free to contact me at 378-2165 with any questions you may have

Company and Contact

Filing Contact Information

Evelyn Laney, Senior Compliance Analyst	exlaney@arkbluecross.com
320 West Capitol, Ste 211	501-378-2165 [Phone]
Little Rock, AR 72201	501-378-2975 [FAX]

Filing Company Information

Arkansas Blue Cross and Blue Shield	CoCode: 83470	State of Domicile: Arkansas
	Group Code:	Company Type:
601 S. Gaines Street	Group Name:	State ID Number: N/A
Little Rock, AR 72201	FEIN Number: 71-0226428	
(501) 378-2967 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No

State: Arkansas **Filing Company:** Arkansas Blue Cross and Blue Shield
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Fee Explanation: \$50.00

Per Company: No

Company	Amount	Date Processed	Transaction #
Arkansas Blue Cross and Blue Shield	\$50.00	10/16/2012	63941641

SERFF Tracking #:	ARBB-128730565	State Tracking #:		Company Tracking #:	23-2622 R10/12
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/17/2012	10/17/2012

SERFF Tracking #:	ARBB-128730565	State Tracking #:		Company Tracking #:	23-2622 R10/12
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Disposition

Disposition Date: 10/17/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 23-2622 R10/12							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 10/17/2012	23-2622 R10/12	CERA	Amendment	Revised: Replaced Form #: 23-2622 R10/12 Previous Filing #: 23-2622 10/12	40.100	23-2622 R10-12Dental(FirstElectric).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



**Arkansas
BlueCross BlueShield**
An Independent Licensee of the Blue Cross and Blue Shield Association

**AMENDMENT TO THE
ARKANSAS BLUE CROSS AND BLUE SHIELD
DENTAL GROUP BENEFIT CERTIFICATES**

AMENDMENT NO. 2622

ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE, Provision A.1. a. is hereby amended to read as follows:

- A. Personal Insurance
 - 1. Employee Eligibility Date
 - a. Employees who work on a full-time basis for the employer are eligible for insurance after completion of the required Waiting Period, provided they are in a class of employees who are included in the Plan by the Employer. Employees shall be considered to work on a full-time basis if they regularly and routinely work the minimum number of hours per year specified by the Employer.

ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE, Provision B.2. is hereby amended to add the following provision which reads as follows.

Spouse and Eligible Dependents: When an Employee marries and wishes to have the Employee's Spouse, as well as eligible Dependents covered, the Employee shall submit an application or change form for the Spouse and eligible Dependents as appropriate, within 30 days of the date of marriage. The effective date for the new Spouse and any eligible Dependents will be date of marriage.

ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE, Provision B. is hereby amended to add the following provision:

Effective Date for Employees Transferring from Another Cooperative. If the Company receives the transferring Employee's enrollment application within thirty (30) days of the date the Employee is first eligible for coverage, the Employee's coverage will become effective 12:01 a.m. on date the Employee was hired. If the transferring Employee submits the application or change form after the 30-day period, coverage for the Employee will become effective the first day of the Policy Month following the date the employee's application is accepted by the Company.

Effective Date for Employees Rehired by Employer. Subject to all other terms, conditions, exclusions and limitation in the Plan as set forth in this Benefit Certificate, an Employee who is rehired, after being laid off for no more than six (6) months, will be exempt from satisfying the Waiting Period and will be effective in the employee health benefit plan on his or her rehire date. However, they must apply for coverage within thirty (30) days from the date of rehire. If the Employee did not satisfy the entire Waiting Period prior to being laid off, time credit at a prior allied cooperative within the last twelve (12) months will be applied to the Waiting Period. The Employee will be required to satisfy any remaining Waiting Period upon rehire prior to the coverage effective date. If the Employee is laid off for more than six (6) months, the entire Waiting Period will apply.

ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE, is hereby amended to add the following new provisions.

Alternate Eligibility for Coverage. The following additional Covered Persons meet the requirements for coverage as set out in the Plan provided the premium is timely paid.

- (1) Directors and their Eligible Dependents;
- (2) Attorneys and their Eligible Dependents;
- (3) Disabled Employees until their retirement and their Eligible Dependents;
- (4) Retirees and their Eligible Dependents; and
- (5) Widows and their Eligible Dependents.

This Amendment becomes a part of the Arkansas Blue Cross and Blue Shield DentalBlue Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.



P. Mark White, President and Chief Executive Officer

ARKANSAS BLUE CROSS AND BLUE SHIELD
601 S. Gaines Street
Little Rock, Arkansas 72201

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/17/2012
Comments:	Please see attached.		
Attachment(s):			
Flesch Certification Form 23-2622 R10-12.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	10/17/2012
Bypass Reason:	Not required.		
Comments:			



**Arkansas
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

**RE: Arkansas Blue Cross and Blue Shield
Amendment No. 23-2622 R10/12**

**FLESCH READING EASE
CERTIFICATION**

This is to certify that the above referenced documents has achieved a Flesch Reading Ease Score average of 40.1 and complies with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Disability Insurance Policy Language Simplification Act.

Name

Vice President
Title

October 16, 2012
Date